Michigan Orthopaedic Society

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PT SCOPE OF PRACTICE IN MICHIGAN

Chairwoman Haines and Committee members thank you for the opportunity to address you today re: HB 4603.

My name is Dr Patricia Kolowich; I am an orthopaedic surgeon specializing in sports medicine. I have been in practice in Michigan for 23 years at HFH. I represent the Michigan Orthopaedic Society, an organization of over 600 orthopaedic surgeons in the state, and the Michigan State Medical Society, the largest organized physician group in the state.

I speak in opposition to HB 4603.

There are several facts I would like to review with you regarding your decision to allow unrestricted PT access in Michigan. I know many of you are familiar with these facts so I appreciate your attention.

Federal recommendations re: PT independent practice and the fiscal ramifications,
Current state guidelines regarding PT evaluations,
Historical PT training and current PT training and
Patient safety

First Federal recommendations: The MedPac report to Congress was presented after an extensive Federal study on direct access to PT for Medicare patients. This report recommended AGAINST direct access to PT for Medicare patients. The pros and cons are well represented in the MedPac document and the reasoning is very sound. There is great detail on the financials of PT use however I would like to point out that in this Federal report, it is noted that a medical diagnosis can result in more appropriate care and avoid unnecessary care. This report also states that the majority of beneficiaries did not report problems with access to special therapy services. They also discussed the difficulty in separating benefits of therapy services in regard to PT, OT and speech therapy. The summary describes "compelling reasons (to) argue for retaining Medicare's current requirements that physician refer beneficiaries to PT services and oversee their care." And they go one to say, "These requirements are in place so that beneficiary health care needs are correctly diagnosed, referred for treatment and followed up."

Secondly, we have heard several individuals present that Michigan is one of 4 states that do not allow direct access. I would like to remind all of you that at this time, in Michigan, a referral is not necessary for a PT to perform an evaluation of a patient seeking care. In addition, only 2 states have UNRESTRICTED PT access, Iowa and Montana. Many other states have "Access by Omission" in the state law. Over 11 states have limitations on access to PT services without a physician referral. So, theoretically, in Michigan, you are free to set up one visit with a PT, say to review a prior program, or update exercises without a physician referral.

Education programs for PT have evolved over the years. PT programs began as Bachelor degrees, in the mid-90's many progressed to Master's programs and in this decade, many have evolved to clinical doctorate programs. Not ALL programs are currently DPT programs, according to the APTA website, mandate for doctoral programs are not effective until Dec 13, 2015. There are 9 masters programs still running in PT at this time. So think about it, 20 years experience, you have a Bachelor's degree, 10 years

experience, a Master's degree and only recently, a clinical doctorate. Remember that in the state of Michigan, there has never been a continuing education requirement for PT. The current doctoral curriculum is 80% classroom and 20% clinical. There is no training in differential diagnosis, acute injury management or medical diagnosis.

There is no evidence that access to Physical Therapy is difficult or critical. Physical therapists are not trained in evaluation of acute injuries, the impact of medical conditions, differential diagnosis and the establishment of a medical diagnosis.

There are reasons why it is not appropriate to allow unrestricted access to PT. There are many situations and medical conditions that do require evaluation and diagnostic testing by a licensed physician prior to establishing an accurate diagnosis. The test information is then interpreted to determine if PT is a course of treatment from which one could expect a reasonable response.

The goal of treatment is to improve quality of life and relieve pain. In addition, we all need to be conscious of cost. Patients have higher co pays and limited therapy visits. We have heard that arguments in favor of direct access include some patients unwilling or unable to pay a physician visit co pay. The cost of a physician co pay varies from insurance and policy, however, the cost of PT is also expensive. One PT unit, 15 minutes, can cost between $50 and $125. Also, visits can be limited as determined by an insurance policy, sometimes 30 days, sometimes 30 visits. These services need to be used wisely and effectively after a complete medical evaluation and determination that PT services are indicated.

I have heard the speakers from last week say that oversight would be provided by insurance company limitations. However, they also stated they are not asking for insurance reimbursement for services. Therefore, insurance limitations would not apply. So who would oversee PT use? The Federal MedPac report clearly stated there was a documented escalation of services when limitations were lessened.

I could provide many anecdotal reports of situations where a medical diagnosis significantly impacted the decision to order emergency tests that resulted in emergent surgery or other medical care decisions in lieu of PT. In these situations, PT would have delayed an accurate diagnosis or potentially harmed the patient. Specific situations may include nerve entrapment or metastatic cancer masquerading as musculoskeletal pain. There are anecdotal stories on the other side of the fence, as we heard last week. We must always consider the well being of the patient. I support health care professionals working within their scope of practice that is delineated by their training. As a sports medicine specialist, I work with Physical Therapists every day. I respect their contribution to patients' recovery and wellness. I rely on them for their expertise. They are not trained to allow unrestricted patient care.

Many of the arguments for direct access include; "the majority" of other states have this. I already addressed this directly and noted that there is not unlimited direct access in the majority of states. I would encourage you, as policy makers for the citizens of Michigan, to not follow the Pied Piper. We need to do what is best for the citizens of Michigan. We need to continue to offer the people quality health care that is appropriate for their medical condition. We need to use our resources wisely. We should not offer options for care that would delay or defer a proper medical diagnosis.